

SAMPLE FORM 1449 SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>Offerer to complete blocks 12, 17, 23, 24, & 30</i>					1. REQUISITION NUMBER		PAGE 1 OF 1								
2. CONTRACT NO. GS07T00BGD0003		3. ORDER EFFECTIVE DATE 2/1/00		4. ORDER NUMBER		5. SOLICITATION NUMBER		6. SOLICITATION ISSUED DATE							
7. FOR SOLICITATION INFORMATION CALL:		A. NAME				B. TELEPHONE (No Collect Calls)		8. OFFER DUE DATE							
9. ISSUED BY Contracting Officer, Agency Agency Address, City, State & Zip, phone #		CODE		UIC/DODAAC		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET-ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADV. BUSINESS <input type="checkbox"/> 8 (A) SIC: SIZE STANDARD:		11. DELIVERY/ FOB ESTIMATION UNLESS BLOCK IS MARKED. <input type="checkbox"/> SEE SCHEDULE <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13 b. RATING DO Enter appropriate rating 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP							
15. DELIVER TO: User Group Contact Name Agency Name Agency Address Agency City, State, & Zip, phone #		CODE		UIC/DODAAC		16. ADMINISTERED BY Fill in, if applicable		CODE							
17 CONTRACTOR/OFFEROR Cage Code: ON4T5 SkyTel Govt. Sales, GSA Greater Southwest Region Paging Contract 1350 I ("Eye") Street NW, Ste 1100 Washington, D.C. 20005 Ordering fax#: 202-336-5360		FACILITY				18a. PAYMENT WILL BE MADE BY Payment Office Contact, Payment Office Agency Payment Office Address Payment Office City, State & Zip, phone #		CODE							
<input checked="" type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER SkyTel remittance address: SkyTel Corp., PO Box 3887, Jackson, MS 39207					18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM (Contracting Office issuing order must identify invoice point.)										
19. CLIN ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY		22. UNIT		23. UNIT PRICE		24. AMOUNT			
1.06		2-Way Bundle LEASE				10		8mo		\$45.44/mo		\$3,635.20			
15.31		SkyNews Headline News, 2-Way				10		8mo		\$0.00/mo		\$0.00			
15.72		Message block overcalls ESTIMATE				100		8mo		\$.08/ea		\$64.00			
8.01		800/888 per-Call Surcharge from Payphones				50		8mo		\$.30/ea		\$120.00			
4.02		Operator Dispatch Msgs ESTIMATE				100		8mo		\$.55/ea		\$440.00			
9.01		Teleconference Training, 2-Way (1-time fee)				10		1mo		\$0.00ea		\$0.00			
15.01		Service Activation fee, 2-Way (1-time fee)				10		1mo		\$21.25/ea		\$212.50			
4.01		Operator Dispatch Activation (1-time fee)				10		1mo		\$4.25/ea		\$42.50			
82		FCC Universal Service Fund Fee				1		8mo		1.5% per mo		sbtotal\$4,514.20			
83		User Fee, 2% of all charges				1		8mo		2% per mo		sbtotal\$4,581.91			
		<i>Shipping and Handling (n/c if use 2-day economy)</i>										total \$4,673.55			
25. ACCOUNTING AND APPROPRIATION DATA												26. TOTAL AWARD AMOUNT (For Government Use Only) \$4,673.55			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3, AND 52.212-5, ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.															
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 2 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.						29. AWARD OF CONTRACT: REFERENCE OFFER. DATED . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: SEE BLOCK 19									
30a. SIGNATURE OF OFFEROR/CONTRACTOR						31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)									
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)						30c. DATE SIGNED				31b. NAME OF CONTRACTING OFFICER				31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN						33. SHIP NUMBER				34. VOUCHER NUMBER				34. AMOUNT VERIFIED CORRECT FOR	
<input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT. EXCEPT AS NOTED						<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL									
32b. SIGNATURE OF AUTHORIZED GOV'T REPRESENTATIVE						32c. DATE SIGNED				36. PAYMENT				37. CHECK NUMBER	
										<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL					
						38. S/R ACCOUNT NUMBER				39. S/R VOUCHER NUMBER				40. PAID BY	
						42a. RECEIVED BY (Print)									
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT						42b. RECEIVED AT (Location)									
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER						41c. DATE				42c. DATE REC'D (YY/MM/DD)				42d. TOTAL CONTAINERS	